

**ABSENCE APPROVAL REQUEST DISTRICT RECAP**

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

**PART A.**

District/Charter Name: \_\_\_\_\_ County-Type-District-School \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**PART B.**

## State Aid Absences Due to:

	Widespread Illness	Adverse Weather	Concerted Refusal	Threat to The School	Chronic Health and Accident	Total
Preschool Disabled	_____	_____	_____	_____	_____	_____
Kindergarten	_____	_____	_____	_____	_____	_____
Elementary (1-8)	_____	_____	_____	_____	_____	_____
High School (9-12)	_____	_____	_____	_____	_____	_____
DISTRICT TOTAL	=====	=====	=====	=====	=====	=====

**IIINSTRUCTIONS:**

**PART A.:** Enter your district's name and county-type-district-school number.  
(Please enter your school number as well as the C-T-D).

**PART B:** Totals for Widespread Illness, Adverse Weather, Concerted Refusal, Threat and Chronic Health and Accident are arrived at by adding the totals shown in Part D. And E. of the Absence Approval request (Identification of Impacted Periods of Three consecutive days or More) and part C. of the (Chronic Health Problems) form.

Enter the totals, by level (Preschool Disabled, Kindergarten, Elementary (1-8), or High School (9-12))